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Transgender Boomers are Aging Too. Is our Health Care System Ready?

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Introduction and Overview

Much attention has been given in recent years to the "silver tsunami" of aging U.S. Baby Boomers. Born between 1946 and 1964, the Boomers are the largest cohort of Americans in history, numbering more than 77 million (Tomasa, 2013). The federal government, especially the nation's health care and supportive services systems, has braced itself for the incoming tidal wave. As the Boomers grow older, more and more of them will need health care and long-term assistance.

It is hard to imagine a greater strain being placed on already shrinking resources, but by 2030, Medicare recipients will have increased to 79 million from the 44 million it was serving before the first wave of eligible Boomers hit the system in 2007. Similarly, Social Security claims will be paid to more than 84 million people, up from 50 million.

The challenges facing our health system are not only about financial and physical resources, but about compassion and cultural competence as well. Among the influx of these older adults are a disproportionate number of individuals from marginalized populations with unique and sometimes substantial needs beyond the typical concerns of health and aging.

One prime example of a population with substantial needs is the transgender community. The greatest obstacles facing transgender Baby Boomers are not their own internal struggles, but those of the society in which they live. The civil rights struggle for lesbian, gay, bisexual, and transgender (LGBT) people has brought to light many of the inequities in health care and elder care discussed in this article. Unemployment, health inequities, and violence plague the transgender community. Without support and advocacy help from allies outside the community as well as continued growth of leadership and political influence within the community, transgender people will continue to slip through the cracks of our system.

This article profiles the challenges and disparities facing transgender Baby Boomers as they approach later life and provides a summary of findings and recommendations to ensure smoother sailing on often stormy seas.

Understanding Gender Identity and Transgender People

Gender is a core element of one's personal identity, and settling on one overriding, inclusive, and respectful definition is impossible, as there are no agreed-upon terms, definitions, or characteristics that apply to all gender-diverse people across the board. For the purposes of this report, we will adopt the terminology used by the Transgender Health Program of Boston's Fenway Health, a public health care and health advocacy organization serving the LGBT community since 1971.

Gender identity is the psychological identification of one's gender as a man, woman, or something else, which may or may not correspond to the person's physical or chormosomal composition or to their assigned sex at birth (Fenway Health, 2010). Within the gender diversity umbrella are a broad range of individual identities, including but not limited to:

- Individuals who suffer no incongruence between their assigned sex and their gender identity, and mostly take these things for granted (which describes the vast majority of the population);
- Individuals who simply feel the assumptions and expectations of a person's looks and behavior based on their sex and gender are too restrictive for their comfort;
- Individuals who feel they don't really fit into either traditional male or female gender, or are some combination of both genders (sometimes called *gender fluid* or *non-binary*), and are thus most comfortable with some degree of androgynous gender expression some or all of the time; and
- Individuals whose very sharp discordance of sex and gender motivates them to modify physical characteristics, general presentation, and/or their legal identity to more closely match their sense of self.

Building on those definitions, the term *gender expression* is how one demonstrates that gender identity to the world, through clothing, mannerisms, names, and characteristics such as facial hair or make-up. Like gender identity, one's gender expression may or may not match one's birth sex.

The term *transgender* means different things to different people. Fenway defines *transgender* as "an umbrella term for people whose gender identity and/or gender expression differs from their assigned sex at birth (i.e., the sex listed on their birth certificates)."

Transgender (sometimes just "trans") may also be a term an individual uses to identify themselves, but many other terms exist as well. For example, people who seek to alter their bodies to align them better with the immutable core gender identity sometimes consider themselves to be *transsexual*. This alignment process is generally referred to as a *gender transition*.

The key points to remember are as follows:

- Everyone has a gender identity and a gender expression, and every person's identity and expression are a little different. These characteristics contribute significantly to what makes one individual different from the next.
- A term that one individual embraces as a personal identity may be insulting to another person. Instead, listen to and mirror the terms and language a person uses to describe themselves, but know they may or may not apply to every person in a similar situation.
- It's never safe to assume anything about anyone's identity, nor to assume that what is true about one transgender person is true about the next, especially in regard to health care services and needs.
- Don't confuse gender identity with *sexual orientation*. Gender identity is about one's own sense of self; sexual orientation is about other people and who we find attractive, regardless of our own gender. Any individual can be attracted to just one type of gender, or some or all genders, or none. Transgender individuals are no exception to these variations in sexual orientation.

Population Prevalence

While gender expression varies among the entire population, those who specifically identify somewhere within the gender-diverse spectra are relatively rare, and the available demographic data is limited. The U.S. Census does not yet include questions intended to capture gender identity, but other studies estimate as many as 0.3% of the U.S. population, or about a million people (Gates, 2011) may be transgender, if not more.

To add a more local perspective, the population of Arizona is approximately 6.5 million (U.S. Census Bureau, 2010). Thus, about 19,500 Arizonans are likely to be transgender -- 2,925 of whom are age 65 or older today.

As with the mainstream population, the LGBT elder population is expected to double in size by 2030, growing to as many as 3 million (Hudson et al., 2011). Separating the Ts from the LGBs at a ratio of 3%, that works out to about 90,000 transgender seniors living in the U.S. by 2030 (MetLife Mature Market Institute, 2006).

Demographics

The largest sample ever taken of the U.S. transgender population was conducted for a study published in 2011 by the National Gay and Lesbian Task Force (NGLTF) and the National Center for Transgender Equality (NCTE). Of the nearly 6,500 study participants, the demographic composition closely mirrors that of the general population (J M Grant et al., 2011):

- Respondents were geographically distributed in patterns reflective of the U.S. population
- Up to 64% of respondents reported an annual income of less than $25,000
- 76% were white

Other important data from NCTE and other recent studies is also worth noting:

- Sexual orientation among transgender people is also diverse—about 25% identified as lesbian, gay or same-gender-loving; 25% as bisexual; 25% as queer or pansexual, and another 25% as heterosexual (Gates, 2011).
- About 11% of transgender individuals in a study by Beemyn & Rankin (2011) reported some level of physical, emotional, or cognitive challenges, most often depression and anxiety.
- Transgender people, for reasons yet to be studied, are twice as likely as the general population to be veterans of U.S. military service. There are an estimated 134,000 transgender veterans in the U.S. (Gates and Herman, 2014), but openly transgender people are still banned from military service. Thus, many service members were forced to keep one of their most important elements of their lives a secret in order to risk their lives in service to their country. (This ban is currently under study and expected to be lifted soon.)

Trans Boomers' Unique Needs, Obstacles, and Disparities

All of the studies cited in this article note astonishingly higher rates of suicide, depression, tobacco and substance abuse, unemployment, and homelessness among this population than are found in the general population and/or in the gay and lesbian population. They also agree that these disparities do not occur because transgender people are mentally ill, but because transgender people are so mistreated and misunderstood by society.

When studying aging transgender Baby Boomers, one must also be mindful of the fact that the disparities highlighted here compound (or are compounded by) the factors facing all of the Boomers.

Additionally, intersections of transgender identities with race, class, education, and other socioeconomic factors influence the magnitude of the effect. For example, the Centers for Disease

Control (CDC) reports that "higher percentages of newly identified HIV-positive test results were found among Black/African American transgender women (56.3%) than among White (16.7%) or Latino (16.1%) transgender women" (CDC, 2015).

The majority of government programs and policies have not been inclusive of transgender-specific concerns until very recently, primarily because the nation's lead health agency, the U.S. Department of Health and Human Services (HHS), did not acknowledge the need to address transgender or LGBT disparities (U.S. Department of Health & Human Services, 2012). Only after decades of significant advocacy work, community-driven needs assessments, and other studies specifically conducted on behalf of the transgender people did the government concede that the disparities were too significant to ignore.

Health care professionals and other providers can significantly help improve the quality of life of older transgender people by striving to better understand the unique challenges faced by this underrepresented population. While a full discourse on the many factors responsible for the current situation today is beyond the scope of this article, what follows is an overview of the most recommended actions necessary to create change and improve health outcomes and quality of life for transgender Baby Boomers and other aging Americans.

Access to Care

Being transgender or transsexual is not always safe in American society, whether living openly or not. In a study by MetLife Mature Market Institute (2010), only 39% of transgender people are completely or mostly "out" or open about their gender identity, compared to 74% of gay men and 76% of lesbians who are out about their sexual orientation.

Because of the stigma and fear of mistreatment, humiliation, and discrimination commonly experienced by people whose gender expressions are outside the norm, one in five trans people put off even basic or preventative health care for as long as possible (J M Grant et al., 2011). In order to avoid the stress of incompetent or hostile service providers, many transgender people avoid care as long as possible, often resulting in emergencies and, in some cases, unnecessary death.

Robert Eads, a 52-year-old transgender man from rural Georgia, was denied care by more than 20 area doctors when he sought treatment for ovarian cancer in 1999. One doctor told Eads he was sorry, but he could not embarrass his female patients by having a man sitting with them in the waiting room. A filmmaker captured the last year of Robert's life in the film "Southern Comfort," which won the coveted Grand Jury Prize, Documentary Competition, at the Sundance Film Festival in 2001. Table 1 lists a few of the many barriers that prevent transgender people from getting basic medical care, including preventative care.

Table 1: Common barriers to health care for transgender patients

Disparity	Prevalence
Harassment/discrimination by health care provider or staff	59%
Provider ignorance/lack of training or information	50%
Delayed care due to expense (no insurance, unemployed)	48%
Delayed care due to discrimination	28%

Source: 2010 National Transgender Discrimination Survey Reporton Health and Health Care (J M Grant et al., 2011)

Even when a provider is adequately open-minded and welcoming, other common patient-provider relationship challenges, such as poor communication or low health literacy on the part of the patient, may be present that could adversely impact health behaviors, such as decreasing levels of adherence to physician advice (Cortes, Mulvaney-Day, Fortuna, Reinfeld, & Alegria, 2006).

Data Collection and Analysis

As previously mentioned, more studies are needed to answer the many questions surrounding gender identity and expression, let alone to investigate the wide variety of health implications transitioning from one gender to another can present (Services and Advocacy for GLBT Elders (SAGE) and National Center for Transgender Equality (NCTE), 2012). Data and supporting evidence is needed to advance efforts of equity, inclusion, and quality of care for transgender people as they age. Research needs to range from large-scale studies exploring social and demographic characteristics of transgender populations, to studies on specific problems such as the impact of stigma and chronic stress on the health of transgender people. Additionally, electronic health records and other data collection tools must be improved across the board to be more sensitive to trans identities and histories.

Behavioral Health Stigma

This phenomenon of one's assigned birth sex not matching one's internal sense of gender has historically been classified as a mental health condition rather than a physiological mismatch. A growing number of professionals, however, believe a biological link may be involved. New research is uncovering physiological differences between transgender and cisgender[1] (non-transgender) individuals, but any causal links so far remain only theoretical (Conway, 2003).

Sexual orientation was depathologized in 1973 when homosexuality was removed from the *Diagnostic and Statistical Manual of Mental Disorders, Third Edition* (DSM III), the primary guidebook for medical and behavioral professionals to define, diagnose, and treat mental illnesses. Society has evolved considerably on homosexuality since 1973, illustrated by the landmark U.S. Supreme Court granting marriage equality to gay and lesbian people in June 2015.

In contrast, transgender people are still highly stigmatized, in part because *gender identity disorder* (GID) remained as a clinical diagnosis applied to people who experience conflict between their physical or chromosomal sex and their psychological sense and expression of gender until only recently. The new diagnosis in the DSM-5, released in 2013, downgraded GID to *gender dysphoria*. Still, gender-based discrimination permeates American society, even among the cisgender mainstream. This pathologization and "disordering" of trans identities only served to magnify the stigma. As biologist Dr. Anne Vitale explains (Vitale, 2005):

"By listing the gender variant condition as Gender Identity Disorder with the implication that the individual is confused and unable to determine their true gender ... the DSM ... continues to ignore what gender specialists routinely see when gender variant individuals present for treatment. If the situation is critical, the therapists often find themselves treating some combination of depression, anxiety, depersonalization, fear, anger, an overwhelming sense of guilt, and a very real threat of suicide. These secondary symptoms appear to arise as a result of the decades of forced social pressure to conform to a gender expression they innately know is wrong and can no longer tolerate."

In a 2013 study, compared to their cisgender participants, transgender older adults were at significantly higher risk of poor physical health, disability, depression, and perceived stress compared with cisgender participants (Fredriksen-Goldsen et al., 2013).

Not surprisingly, many trans people turn to self-medication and substance abuse to ease the emotional anguish of gender dysphoria and societal rejection. Others develop depression, anxiety, or worse: NCTE reports the prevalence of suicide attempts among transgender individuals may be as high as 41%, whereas the prevalence of attempted suicide in the general population is only 1.6% (J M Grant et al., 2011). See Table 2 for an overview of how heavily these disparities impact this population.

Table 2: Prevalence of common health care disparities among transgender individuals as compared to the general population

	Study Sample	General Population
HIV infection	2.64%	1.3%
Smoking	30%	20.6%
Drug/alcohol abuse	26%	7.3%
Attempted suicide	41%	1.6%

Source: National Transgender Discrimination Survey Report on Health and Health Care (J M Grant et al., 2011)

Recommendations for Improving Trans Boomer Health

Trans Boomers and the Affordable Care Act

The Affordable Care Act (ACA) has much improved access to care for transgender people, such as relieving most of the financial barriers to coverage or preventive services as well as banning discrimination in the insurance market and by health care providers (Carroll, 2012).

The ACA brings to U.S. health care all protections provided under Title VII of the Civil Rights Act of 1964, which prohibits discrimination based on race, color, religion, sex, or national origin. The U.S. Department of Health and Human Services (HHS) has confirmed that gender identity is protected under the ACA as a classification of sex. One out of five transgender people have been refused medical care based on their gender identity (J M Grant et al., 2011). These protections are critical.

Policy Improvements

Still, simply having policies in place does not ensure the problems vanish. Much more work is needed at nearly every level of government (SAGE and NCTE, 2012). Violence and abuse must be addressed, as well as the creation of equal employment opportunities, improving economic security, ensuring privacy, and promoting community support and engagement. All of these issues are integral to improving health outcomes, especially for older adults.

The outcomes of several lawsuits in the last decade have helped to improve the landscape for the transgender community. For example, the Internal Revenue Service (IRS) overturned an old policy that denied transsexual people the ability to claim tax deductions for their medical treatments and surgeries. Another example of policy change made it possible to have U.S. passports updated for transitioning individuals without the former requirement of genital reconstruction surgery.

Also, the American Medical Association and the American Psychiatric Association, the American Psychological Association, American Academy of Family Physicians, National Association of Social Workers, along with HHS and a plethora of leading professional organizations, have all issued statements in recent years clearly promoting competent, sensitive, and inclusive health care for transgender people.

Perhaps even more indicative of future improvements are the facts that Medicare now provides comprehensive care and HHS is holding open for public comment until November 2015 proposed rules that will revolutionize transgender health care in the U.S., by declaring that, under Section 1557 of the ACA:

- Categorical exclusions for transition-related care are "facially discriminatory."
- Individuals must be treated consistent with their gender identity in accessing facilities.
- Individuals cannot be denied health care or health care coverage based on their sex or gender identity.

Advocates are hopeful these rules will lead to an overall improvement of health outcomes for everyone in the trans community (The Seattle Lesbian, 2015).

Educating the Health Care Workforce

While more transgender people may now have access to care than ever before, that doesn't mean providers are ready and willing to take them on as patients. An overwhelming 93% of respondents to a survey of health curricula in U.S. public health schools reported in the past two years their department had not offered a course that covered LGBT health issues other than HIV/AIDS, and only 11% believed their school provided adequate coverage of LGBT health issues (Corliss, Shankle, & Moyer, 2007). Similarly, only 7.2% of respondents to a survey of agencies serving the aging said they offered services specifically targeted to transgender elders (SAGE and NCTE, 2012).

The U.S. Department of Health and Human Services included cultural competency education programs as a recommended action for improving the health and well-being of LGBT communities, and notes that the ACA includes funding priorities to help close the education gaps (U.S. Department of Health & Human Services, 2012).

In 2014, the Association of American Medical Colleges announced a new initiative to improve medical school curricula for training new physicians in meeting the unique health care needs of LGBT people. A pilot program starts this semester at The University of Louisville School of Medicine (University of Louisville School of Medicine, 2014).

Older transgender people will especially benefit from a more enlightened health care team. Creating a trans-friendly environment will lead to better health outcomes, as both providers and patients will be more comfortable working collaboratively toward a positive health outcome. For example, using the individual's stated name and pronoun rather than the one printed on the patient's ID, if they are different, is more likely to indicate to the patient that it is safe to be open and honest about health care needs and concerns.

Reducing Harm

Another goal of improving access to services is to reduce the number of transgender people using alternative methods to transition, such as illicit hormones, silicone injections, and other dangerous substances. For those who continue to use alternative methods to acquire health services, a harm reduction model is recommended to address those needs and experiences (Pridmore, Thomas, Havemann, Sapag, & Wood, 2007).

Making Room for Diversity

In addition to educational programs for the staff, making small adjustments to office forms, policies, media, and even décor can help to demonstrate a provider's sensitivity. Patient history forms, for example, and other data collection can be reworked so that it is not awkward or embarrassing for a transgender man to complete a form about his gynecological health history. Among other resources, the American Medical Association provides a number of tips and suggestions for providers to create a trans- and LGBT-friendly environment.

Creating Welcoming Space

The Human Rights Campaign (HRC), an LGBT lobbying and advocacy group, offers its annual Healthcare Equality Index (HEI), which measures the equity and inclusiveness of U.S. health care organizations and hospitals. If an organization can say yes to all of HEI's "Core 4" criteria, it receives the designation of "Leaders in LGBT Healthcare Equality". The list is reviewed annually for continued adherence to the four criteria, which include patient non-discrimination policies, visitation policies, employment non-discrimination policies, and training in LGBT patient-centered care. The HEI also includes a long list of suggested best practices to accompany the policy changes and truly help to create change within the organization (Human Rights Campaign Foundation, 2012). Additionally, the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission have stepped up their requirements around LGBT inclusion with regard to patient rights.

Un-"other"-ing Transgender People

Existing language cannot always describe a person's or group's sense of being without simultaneously oppressing or ostracizing this same group it seeks to describe. By identifying as transgender, an individual is often perceived to assume a role as something other than "normal" or normative. To relieve the "otherness" of being transgender, community advocates have begun adopting the term *cisgender* to describe the portion of the population whose gender identity, bodies, and expression match the sex assigned to them at birth.

The concept of *cisgender privilege*, similar to white privilege and heterosexual privilege, is a new teaching point among transgender advocates. An example of having cisgender privilege would be the everyday ability to use a public restroom or locker room comfortably and without fear of embarrassment, verbal abuse, physical assault, or arrest—not an unusual experience for people who are perceived to be gender-variant or androgynous (Killerman, 2012).

Educating cisgender people on the ways in which they have advantages over transgender people is highly effective in changing attitudes and perceptions about the transgender community, and it begins to level the playing field for those who have been disenfranchised.

Changing the Message

Today's young people, also known as tomorrow's leaders, are getting different messages about transgender people than previous generations. The coming out of trans celebrities like Chaz Bono and Olympic Champion Caitlyn Jenner, as well as positive portrayals of transgender people and stories in the media, such as the award-winning Amazon series "TransParent," are raising the transgender community profile in ways never before possible. While it won't erase decades of disrespect and abuse, the hope is that the generations that follow the Boomers will have greater compassion and understanding.

Conclusion

The transgender civil rights movement both mirrors and intersects with those of other struggles: women's rights, racial justice, gay and lesbian equality, and more. The most important element in creating change is familiarity—a 2009 Gallup poll found that knowing someone gay or lesbian affects an individual's views of gay and lesbian issues (Morales, n.d.), and it only makes sense to assume the same is true of transgender people and issues. However, Pew found in 2013 that less than 8% of respondents said they knew someone who identified as transgender. As society begins to become more familiar with transgender people and sees them as capable and contributing members of society, incremental improvements will happen.

"Aging is a universal normalising process. No gender identity, no body form, no sex/sexuality is necessarily fixed in time and none of these facets of the human spirit are invulnerable to the ongoing processes of aging. Aging unites us in a way that no other process can. It is universal and inevitable." (Whittle & Witten, 2009)

[1]*The Latin roots of cis and trans mean "on the same side" and "on the other side" or "across", respectively (Schilt & Westbrook, 2009).*

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